

## ERRATA

The sample forms released with All-County Information Notice I-45-83 to All County Welfare Directors dated March 28, 1983, did not show examples illustrating correct reporting. The illustrated forms were inadvertently substituted prior to release. Please discard the forms attached to the March 28 Notice and replace them with the attached correct sample forms.

Attachments

EXAMPLE

# GENERAL RELIEF AND INTERIM ASSISTANCE TO APPLICANTS FOR SSI/SSP MONTHLY CASELOAD AND EXPENDITURE STATISTICAL REPORT

Send One Copy To: Department of Social Services  
Statistical Services Branch  
744 P Street, Mail Station 12-81  
Sacramento, CA 95814

COUNTY	1
FOR MONTH ENDING	MONTH DAY YEAR 2

**PART A. CASELOAD (GENERAL RELIEF AND INTERIM ASSISTANCE)**

1. Cases brought forward from last month (Item 5 last month or explain) 1/ See reverse
2. Cases added during month
3. Total cases available during the month
4. Cases discontinued during month
5. Cases carried forward to next month (Item 3 minus Item 4 above)

**CASES**

3  
4  
5  
6  
7

**PART B. CASELOAD AND EXPENDITURES**

6. Total General Relief ((1) + (2); also a + b below)
- (1) Amount in cash
- (2) Amount in kind
- a. Family cases
- b. One-person cases

CASES A	PERSONS B	*AMOUNT C
8	9	10
		\$
		11
		12
13	14	15
16	17	18

**PART C. SSI/SSP INTERIM ASSISTANCE**

7. Cases added during month
8. Total SSA checks disposed of during month
- a. Disposed of 1-10 working days of receipt from SSA
9. SSA sent SSI/SSP check directly to recipient
10. Denial notice received
11. Reimbursements during the month (a + b below)
- a. SSA check received
- b. Repaid by recipient

19		
20		
21		
22		
23		
24		25
26		\$
28		27
		29

**PART D. (FOR USE ONLY UPON INSTRUCTIONS FROM DSS)**

- 12.
- 13.

30	31	32
		\$
33	34	35

**PART E. NET GENERAL RELIEF EXPENDITURES**

(Item 6 minus Item 11 above)

		36
		\$

PERSON TO CONTACT REGARDING THIS REPORT

TELEPHONE NUMBER

DATE

( )

\* Round all Amounts to the Nearest Whole Dollar



Send one copy to:

**AFDC--FAMILY GROUPS AND UNEMPLOYED  
REPORT ON REASONS FOR DISCONTINUANCE OF CASH GRANT**

 DEPARTMENT OF SOCIAL SERVICES  
 STATISTICAL SERVICES BRANCH  
 744 P STREET, MAIL STATION 12-81  
 SACRAMENTO, CALIFORNIA 95814

EXAMPLE

COUNTY	
FOR MONTH ENDING (MONTH, DAY, YEAR)	
ITEM	AFDC
REASONS FOR DISCONTINUANCE OF CASH GRANTS:	FG U
Total cases discontinued (Same as Item 9, Form CA 237 FG/U) . . . . .	
(Number of recipients: _____) (OPTIONAL)	
1. No longer eligible child . . . . .	
2. No longer deprived of support or care . . . . .	
3. Resource exceeds limits . . . . .	
4. Income exceeds requirements:	
a. Earnings increased . . . . .	
b. Benefits or pensions increased . . . . .	
c. Support from person inside home increased . . . . .	
d. Support from person outside home increased . . . . .	
e. Requirements reduced . . . . .	
5. Moved or cannot locate . . . . .	
6. Recipient initiative . . . . . (Number of cases discontinued due to CA 7 noncompliance: _____)	
7. Transferred to another program segment:	
a. AFDC - FG . . . . .	
b. AFDC - U . . . . .	
c. AFDC - BHI . . . . .	
8. Transferred to another county . . . . .	
9. To be used only on instructions from the Department of Social Services:	
a. Three-month eligibility exhausted	N/A 27
b.	
c.	

REPORT PREPARED BY

TELEPHONE NUMBER

DATE PREPARED

**AFDC - FAMILY GROUPS AND UNEMPLOYED  
REPORT ON DENIALS AND OTHER NONAPPROVALS  
OF APPLICATIONS FOR CASH GRANT**

Send one copy to:

DEPARTMENT OF SOCIAL SERVICES  
STATISTICAL SERVICES BUREAU  
744 P STREET, MAIL STATION 12-81  
SACRAMENTO, CALIFORNIA 95814

EXAMPLE

		COUNTY	
		FOR QUARTER ENDING (MONTH, DAY, YEAR)	
ITEM		AFDC	
REASONS FOR DENIALS OF CASH GRANT		FG	U
Total denials of cash grant . . . . .			
1. No eligible child . . . . .			
2. Not deprived of support or care . . . . .			
3. Resource exceeds limits . . . . .			
4. Income exceeds standards . . . . .			
5. Failure to comply with procedural requirements . . . . .			
6. Undocumented alien . . . . .			
7. Nonresident. . . . .			
8. To be used only on instructions from DSS:			
a. Three-month eligibility exhausted		N/A	27
b.			
c.			
REASONS FOR NONAPPROVALS OTHER THAN DENIALS			
Total nonapprovals other than denials . . . . .			
9. Application withdrawn . . . . .			
10. Unable to locate or moved . . . . .			
PERSON TO CONTACT REGARDING THIS REPORT		TELEPHONE	DATE PREPARED